Methods: Over a 14 year period ending in December 2009, 4619 consecutive CEAs were performed. Interventions were performed in octogenarians in 714 cases (15.5%, Group 1) and in younger patients in the remaining 3905 (84.5%, Group 2).

Early results in terms of 30-day stroke and death rates were analyzed and compared.

Follow-up results were analyzed with Kaplan Meyer curves and compared with log-rank test.

Results: There were no differences between the two groups in terms of preoperative clinical status or degree of carotid stenosis on the operated side. Combined 30-day stroke and death rate was similar between the two groups (0.7% in group 1 and 1.3% in group 2; p=0.1). At univariate analysis, perioperative risk of stroke and death in octogenarians was significantly increased only by the presence of preoperative symptoms (95% CI 0.016-1.2, OR 0.15, p=0.04), but this was not at multivariate analysis.

Follow-up was available in 95.5% of patients with a mean duration of 39.5 months (range 1-168).

Estimated 7-year survival was significantly lower in group 1 than in group 2 (89.2% and 85.5%, respectively: p=0.05, log rank 3.9), whereas there were no differences in terms of stroke-free survival and severe (>70%) restenosis-free survival.

Conclusions: In our experience CEA can be performed in octogenarians with excellent early and long-term results, even in the presence of lower 7-year survival rates. Symptomatic patients had a slightly increase in perioperative risk, which however remains largely below the recommended standards.

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PS82.

Carotid Endarterectomy for Treatment of In-Stent Restenosis after Carotid Angioplasty and Stenting

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Objectives: Carotid angioplasty and stenting (CAS) has emerged as an alternative for carotid endarterectomy (CEA) in the prevention of stroke. The benefit of the procedure, however, is hampered by a suggested higher incidence of in-stent restenosis (ISR) for CAS relative to CEA during follow-up. ISR management remains a challenge for clinicians. In this observational retrospective analysis, we evaluated the operative management of ISR by standard CEA with stent removal, including midterm follow-up in 15 patients.

Methods: The present analysis included 15 patients from three Dutch vascular centers who underwent CEA for symptomatic (n = 10) or hemodynamically significant (≥80%) asymptomatic ISR (n = 5). Median time between CAS and CEA was 18.3 months (range, 0-51 months).

Results: Standard CEA with stent removal was performed in all 15 patients. A Javid™ shunt was used in two procedures. One patient sustained an intraoperative minor ischemic stroke, with complete recovery during the first postoperative days. No neurologic complications occurred in the other 14 patients. Two patients required a reoperation to evacuate a neck hematoma. There were no peripheral nerve complications. After a median follow-up of 21 months (range, 3-100 months), all 15 patients remained asymptomatic and without recurrent restenosis (≥50%) on duplex ultrasound imaging.

Conclusions: CEA with stent explantation for ISR after CAS seems an effective and durable therapeutic option, albeit with potential cerebral and bleeding complications, as in this study. The optimal treatment for carotid ISR, however, has yet to be defined.

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PS84.

Geographic Variation in Carotid Artery Stent Utilization Is Linked to Volume of Index Vascular Surgery, Interventional Cardiology, or Interventional Radiology (IR) Procedures in California

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Objectives: Carotid artery stent (CAS) use for the management of carotid artery disease varies geographically. We sought to identify temporal trends in CAS versus CEA utilization and correlates of regional variation.

Methods: We used California (CA) hospital discharge data from 2005 to 2009 to identify CAS, CEA and index interventional cardiology (IC) and interventional radiology (IR) procedures based on hospital referral regions (HRR). An academic medical center (AMC) was defined as having an ACGME approved vascular surgery (VS), IC, or IR training program. We used a Poisson regression model, with outcomes expressed as incidence rate ratios (IRR), which is one plus the expected percent change in the number of CAS, given a one unit change in the independent variable.

Results: From 2005 to 2009, 7074 CAS and 40,576 CEA were identified. Annual CEA and CAS fell from